

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 2 4

2. STATE:

COLORADO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

*October 1, 2000*  
~~January 1, 2001~~

5. TYPE OF PLAN MATERIAL (Check One):

☒ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1934 of The Act; Section 4802 of the  
Balanced Budget Act 1997; 42 CFR Part 460

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**NEW**

Enclosures 3 through 8 (page 19C, 20C, Att 3.1-A,  
8 ATT 3.1-B, Supp 3 to ATT 3.1-A)  
Attachment pages 1 through 3 to Enclosure 7 (Supp 3)

7. FEDERAL BUDGET IMPACT:

a. FFY 00-01 \$ 3,865,815.00

b. FFY 01-02 \$ 6,241,752.00

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

**NEW**

10. SUBJECT OF AMENDMENT:

Program of All-Inclusive Care for the Elderly (PACE)

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

As per Governor's letter dated  
December 12, 1994

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Richard C. Allen*

13. TYPED NAME:

Richard C. Allen

14. TITLE: Director, Health Plans and  
Medical Services

15. DATE SUBMITTED:

16. RETURN TO:

Colorado Department of Health Care  
Policy and Financing  
1575 Sherman St.  
Denver, CO 80203-1714

ATTN: Deborah Collette

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 27, 2000

18. DATE APPROVED:

*5/18/01*

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

*10/1/2000*

20. SIGNATURE OF REGIONAL OFFICIAL:

*David R. Selleck*

21. TYPED NAME:

David R. Selleck

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: Handcarried 12/27/00

2000 Dec 27 A 11:08

State of COLORADO

**PACE State Plan Amendment Pre-Print**

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1905(a)(26) and 1934

- X Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage - that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

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Enclosure 4

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State of \_\_\_\_\_  
PACE State Plan Amendment Pre-Print

Citation 3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)

1905(a)(26) and 1934

\_\_\_\_\_ Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

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**Enclosure 5**

Attachment 3.1-A

State of COLORADO

**PACE State Plan Amendment Pre-Print**

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Categorically  
Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3  
to Attachment 3.1-A.

X Election of PACE: By virtue of this submittal, the State elects PACE as an optional  
State Plan service.

\_\_\_\_\_ No election of PACE: By virtue of this submittal, the State elects to not add PACE as  
an optional State Plan service.

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**Enclosure 6**

Attachment 3.1-B

**State of \_\_\_\_\_  
PACE State Plan Amendment Pre-Print**

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Medically  
Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3  
to Attachment 3.1-A.

\_\_\_\_\_ Election of PACE: By virtue of this submittal, the State elects PACE as an optional  
State Plan service.

\_\_\_\_\_ No election of PACE: By virtue of this submittal, the State elects to not add PACE as  
an optional State Plan service.

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Enclosure 7

Supplement 3 to Attachment 3.1-A

State of COLORADO

PACE State Plan Amendment Pre-Print

PACE Services

       The State of                      has not entered into any valid program agreements with a PACE provider and the Secretary of the Department of Health and Human Services.

  X   The State of Colorado has entered into a valid program agreement(s) with a PACE provider(s) and the Secretary, as follows:

Name and address of State Administering Agency, if different from the State Medicaid Agency:

\_\_\_\_\_

\_\_\_\_\_

I. Eligibility

A.        The State determines eligibility for PACE enrollees only under rules applying to community groups.

(If this option is selected, skip to II - PACE Entity Qualifications)

B.   X   The State determines eligibility for PACE enrollees under rules applying to institutional groups as provided in section 1902(a)(10)(A)(ii)(VI) of the Act (42 CFR 435.217 in regulations). The State has elected to cover under its State plan the optional categorically needy eligibility groups specified under these provisions in the statute and regulations. The applicable groups are: 42 CFR 435.217 - Individuals receiving home and community-based services

(If this option is selected, please identify, by statutory and/or regulatory reference, the institutional eligibility group or groups under which the State determines eligibility for PACE enrollees. Please note that these groups must be covered under the State's Medicaid plan.)

C.   X   The State determines eligibility for PACE enrollees under rules applying to institutional groups, but chooses not to apply post-eligibility treatment of income rules to those individuals. (If this option is selected, skip to II - PACE Entity Qualifications)

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- D. \_\_\_\_\_ The State determines eligibility for PACE enrollees under rules applying to institutional groups, and applies post-eligibility treatment of income rules to those individuals as specified below. Note that the post-eligibility treatment of income rules specified below are the same as those that apply to the State's approved HCBS waiver(s).

**Regular Post Eligibility**

1. \_\_\_\_\_ SSI State. The State is using the post-eligibility rules at 42 CFR 435.726. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

- (a). Sec. 435.726--States which do not use more restrictive eligibility requirements than SSI.

1. Allowances for the needs of the:

(A.) Individual (check one)

1. \_\_\_\_\_ The following standard included under the State plan (check one):

- (a) \_\_\_\_\_ SSI  
(b) \_\_\_\_\_ Medically Needy  
(c) \_\_\_\_\_ The special income level for the institutionalized  
(d) \_\_\_\_\_ Percent of the Federal Poverty Level: \_\_\_\_\_ %  
(e) \_\_\_\_\_ Other (specify): \_\_\_\_\_

2. \_\_\_\_\_ The following dollar amount: \$ \_\_\_\_\_

Note: If this amount changes, this item will be revised.

3. \_\_\_\_\_ The following formula is used to determine the needs allowance:

\_\_\_\_\_  
\_\_\_\_\_

Note: If the amount protected for PACE enrollees in item 1 is equal to, or greater than the maximum amount of income a PACE enrollee may have and be eligible under PACE, enter N/A in items 2 and 3.

(B.) Spouse only (check one):

1. \_\_\_\_\_ SSI Standard  
2. \_\_\_\_\_ Optional State Supplement Standard  
3. \_\_\_\_\_ Medically Needy Income Standard  
4. \_\_\_\_\_ The following dollar amount: \$ \_\_\_\_\_

Note: If this amount changes, this item will be revised.

5. \_\_\_\_\_ The following percentage of the following standard that is not greater than the standards above: \_\_\_\_\_ % of \_\_\_\_\_ standard.

6. \_\_\_\_\_ The amount is determined using the following formula:

7. \_\_\_\_\_ Not applicable (N/A)

(C.) Family (check one):

1. \_\_\_\_\_ AFDC need standard

2. \_\_\_\_\_ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3. \_\_\_\_\_ The following dollar amount: \$ \_\_\_\_\_  
Note: If this amount changes, this item will be revised.

4. \_\_\_\_\_ The following percentage of the following standard that is not greater than the standards above: \_\_\_\_\_ % of \_\_\_\_\_ standard.

5. \_\_\_\_\_ The amount is determined using the following formula:

6. \_\_\_\_\_ Other

7. \_\_\_\_\_ Not applicable (N/A)

(2). Medical and remedial care expenses in 42 CFR 435.726.

### Regular Post Eligibility

2. \_\_\_\_\_ 209(b) State, a State that is using more restrictive eligibility requirements than SSI. The State is using the post-eligibility rules at 42 CFR 435.735. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

(a) **42 CFR 435.735**--States using more restrictive requirements than SSI.

1. Allowances for the needs of the:

(A.) Individual (check one)



1. \_\_\_ The following standard included under the State plan (check one):
  - (a) \_\_\_ SSI
  - (b) \_\_\_ Medically Needy
  - (c) \_\_\_ The special income level for the institutionalized
  - (d) \_\_\_ Percent of the Federal Poverty Level: \_\_\_ %
  - (e) \_\_\_ Other (specify): \_\_\_\_\_
2. \_\_\_ The following dollar amount: \$ \_\_\_\_\_  
Note: If this amount changes, this item will be revised.
3. \_\_\_ The following formula is used to determine the needs allowance:  
\_\_\_\_\_  
\_\_\_\_\_

Note: If the amount protected for PACE enrollees in item 1 is **equal to, or greater than** the maximum amount of income a PACE enrollee may have and be eligible under PACE, **enter N/A in items 2 and 3.**

(B.) Spouse only (check one):

1. \_\_\_ The following standard under 42 CFR 435.121:  
\_\_\_\_\_
2. \_\_\_ The Medically needy income standard  
\_\_\_\_\_
3. \_\_\_ The following dollar amount: \$ \_\_\_\_\_  
Note: If this amount changes, this item will be revised.
4. \_\_\_ The following percentage of the following standard that is not greater than the standards above: \_\_\_ % of \_\_\_ standard.
5. \_\_\_ The amount is determined using the following formula:  
\_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_ Not applicable (N/A)

(C.) Family (check one):

1. \_\_\_ AFDC need standard
2. \_\_\_ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3. \_\_\_ The following dollar amount: \$ \_\_\_\_\_  
Note: If this amount changes, this item will be revised.

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4. \_\_\_\_ The following percentage of the following standard that is not greater than the standards above: \_\_\_\_ % of \_\_\_\_ standard.

5. \_\_\_\_ The amount is determined using the following formula:

\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_ Other

7. \_\_\_\_ Not applicable (N/A)

(b) Medical and remedial care expenses specified in 42 CFR 435.735.

### Spousal Post Eligibility

3. X State uses the post-eligibility rules of Section 1924 of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of PACE services if it determines the individual's eligibility under section 1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

(a.) Allowances for the needs of the:

1. Individual (check one)

(A). \_\_\_\_ The following standard included under the State plan (check one):

1. \_\_\_\_ SSI

2. \_\_\_\_ Medically Needy

3. X The special income level for the institutionalized

4. \_\_\_\_ Percent of the Federal Poverty Level: \_\_\_\_ %

5. \_\_\_\_ Other (specify): \_\_\_\_\_

(B). \_\_\_\_ The following dollar amount: \$ \_\_\_\_\_

Note: If this amount changes, this item will be revised.

(C). \_\_\_\_ The following formula is used to determine the needs allowance:

\_\_\_\_\_  
\_\_\_\_\_

If this amount is different than the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you

believe that this amount is reasonable to meet the individual's maintenance needs in the community:

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- II. Program Agreement: For State Medicaid Agencies also serving as PACE State Administering Agencies, the State assures that it is willing to enter into a program agreement with the applicant entity covering the services listed below.

III. Compliance and State Monitoring of the PACE Program

For State Medicaid Agencies also serving as PACE State Administering Agencies, the State further assures all requirements of section 1934 of the Social Security Act will be met. All relevant provisions are included in the contract with the PACE entities, either as contractor or State responsibility. Both scheduled and unscheduled on-site reviews will be conducted by State staff.

- A. Readiness Review: The State will perform a Readiness Review of the applicant entity that assures the entity has fully developed its policies and procedures, obtained commitments from key staff, developed its solvency plan and has a facility that meets State and Federal requirements at the time of the application, in accordance with Section 460.12(b)(1).
- B. Monitoring During Trial Period: During the trial period, the State, in cooperation with HCFA, will conduct comprehensive reviews of a PACE organization to ensure compliance with State and federal requirements.

At the conclusion of the trial period, the State, in cooperation with HCFA, will continue to conduct reviews of a PACE organization, as appropriate, taking into account the quality of care furnished and the organization's compliance with State and federal requirements.

- C. Annual Monitoring: The State assures that at least annually it will reevaluate whether a participant meets the level of care required under the State Medicaid plan for coverage of nursing facility services. The State understands that this determination may be waived if there is no reasonable expectation of improvement or significant change in the participant's conditions because of the severity of a chronic condition or the degree of impairment of functional capacity.

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- D. Monitoring of Corrective Action Plans: The State assures it will monitor the effectiveness of corrective actions required to be taken by the PACE organization.

IV. Rates and Payments

- A. The State assures HCFA that the capitated rates will be equal to or less than the cost to the agency of providing those same fee-for-service State plan approved services on a fee-for-service basis, to an equivalent non-enrolled population group based upon the following methodology. Please attach a description of the negotiated rate setting methodology and how the State will ensure that rates are less than the cost in fee-for-service.

1.        Rates are set at a percent of fee-for-service costs.
2. X Experience-based (contractors/State's cost experience or encounter date)(please describe) See attachment.
3.        Adjusted Community Rate (please describe)
4.        Other (please describe)

- B.        The rates were set in a reasonable and predictable manner. Please list the name, organizational affiliation of any actuary used, and attestation/description for the initial capitation rates.

- C.        The State will submit all capitated rates to the HCFA Regional Office for prior approval.

- V. Enrollment and Disenrollment: For both State Medicaid Agencies and State Administering Agencies, the State assures that it has developed and will implement procedures for the enrollment and disenrollment of participants in the State's management information system, including procedures for any adjustment to account for the difference between the estimated number of participants on which the prospective monthly payment was based and the actual number of participants in that month. In cases where the State Medicaid Agency is separate from the State Administering Agency, the State Medicaid Agency assures that there is a process in place to provide for dissemination of enrollment and disenrollment data between the two agencies.

- A. Enrollment Process (Please describe): See attachment

- B. Enrollee Information (Please describe the information to be provided to enrollees):  
See attachment.

- C. Disenrollment Process (Please describe - voluntary and involuntary):  
See attachment.

- D. The State assures that before an involuntary disenrollment is effective, it will review and determine in a timely manner that the PACE organization has adequately documented grounds for disenrollment.
  - E. In the event a PACE participant disenrolls or is disenrolled from a PACE program, the State will work with the PACE organization to assure the participant has access to care during the transitional period.
  - F. The State assures it will facilitate reinstatement in other Medicaid/Medicare programs after a participant disenrolls.
  - G. The State assures that the State PACE requirements and State procedures will specify the process for how the PACE organization must submit participant information to the State.
- VI. Marketing: For State Medicaid Agencies also acting as PACE State Administering Agencies, the State assures that a process is in place to review PACE marketing materials in compliance with Section 460.82(b)(ii).
- VII. Services: The following items are the medical and remedial services provided to the categorically needy and medically needy. (Please specify): See attachment.

The State assures that the state agency that administers the PACE program will regularly consult with the State Agency on Aging in overseeing the operation of the PACE program in order to avoid services duplication in the PACE service area and to assure the delivery and quality of services to the PACE participants.

VIII. Decisions that require joint HCFA/State Authority

- A. For State Medicaid Agencies also acting as PACE State Administering Agencies, waivers will not be granted without joint HCFA/State agreement:
  - 1. The State will consult with HCFA to determine the feasibility of granting any waivers related to conflicts of interest of PACE organization governing board members.
  - 2. The State will consult with HCFA to determine the feasibility of granting any waivers related to the requirements that: members of the multidisciplinary team are employees of the PACE organization; and that members of the multi-disciplinary team must serve primarily PACE participants.
- B. Service Area Designations: The State will consult with HCFA on changes proposed by the PACE organization related to service area designation.

- C. Organizational Structure: The State will consult with HCFA on changes proposed by the PACE organization related to organizational structure.
- D. Sanctions and Terminations: The State will consult with HCFA on termination and sanctions of the PACE organization.

IX. State Licensure Requirements

For State Medicaid Agencies also acting as PACE State Administering Agencies, the State assures that Life Safety Code requirements are met for facilities in which the PACE organization furnishes services to PACE participants in accordance with Section 460.72(b), unless HCFA determines that a fire and safety code imposed by State law adequately protects participants and staff.

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**Enclosure 8**

The following are the addresses for HCFA Central and Regional Offices. Please submit your application to both the Center for Medicaid and State Operations and the Center for Health Plans and Providers within Central Office, as well as to the appropriate Regional Office simultaneously.

**Central Office:**

Health Care Financing Administration  
Center for Medicaid and State Operations  
Mail Stop S2-14-26  
7500 Security Boulevard  
Baltimore, MD 21244

Health Care Financing Administration  
Center for Health Plans and Providers  
Mail Stop C4-23-07  
7500 Security Boulevard  
Baltimore, MD 21244

**Regional Offices:**

HCFA Region I  
JFK Federal Building, Room 2325  
Boston, Massachusetts 02203-0003

HCFA Region II  
26 Federal Plaza, Room 3811  
New York, NY 10278-0063

HCFA Region III  
Suite 216, The Public Ledger Building  
150 S. Independence Mall West  
Philadelphia, PA 19106

HCFA Region IV  
Atlanta Federal Center, 4th Floor  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, Georgia 30303-8909

HCFA Region V  
233 N. Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519

HCFA Region VI  
1301 Young Street, Room 714  
Dallas, Texas 75202

HCFA Region VII  
Richard Bolling Federal Building  
601 East 12th Street, Room 235  
Kansas City, Missouri 64106-2808

HCFA Region VIII  
Colorado State Bank Building  
1600 Broadway, Suite 700  
Denver, Colorado 80202-4367

HCFA Region IX  
75 Hawthorne Street, 4th and 5th Floors  
San Francisco, CA 94105-3901

HCFA Region X  
2201 Sixth Avenue, MS/RX 40  
Seattle, WA 98121

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NEW

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IV. Rates and Payments

The rate-setting methodology for PACE is similar to that used for Managed Care Organizations providing acute care services – historic fee-for-service costs are calculated for an equivalent population, trended forward to the contract year and reduced by the 5% managed care discount.

There are also several unique aspects of the PACE reimbursement methodology:

- Because PACE includes both acute and long-term care benefits, both acute and long-term care costs are included in the calculation of the rates. The acute care benefits (including costs and adjustments) are identical to those covered by both fee-for-service Medicaid and contracting Managed Care Organizations. Long-term care costs include both community-based long-term care (Home and Community Based Services, or HCBS) and institutional care (i.e., nursing facilities).
- Final rates are derived by blending distinct rate cells to reflect both the geographic and care level composition of clients in the program in the prior fiscal year. The geographic area is the greater Denver metropolitan area: Denver, Adams, Jefferson and Arapahoe counties. For example, approximately 75% of FY 98-99 PACE clients resided in Denver County; therefore, fee-for-service costs for Denver County were given a weight of 0.75. Similarly, since slightly more than half of FY 98-99 PACE clients (56.8%) resided in an alternative care facility or a nursing facility, average fee-for-service nursing facility costs were weighted 0.568. Clients residing in an alternative care facility are treated the same as clients residing in a nursing facility for rate development purposes because the PACE provider pays 85% of Medicaid's average nursing facility payment for clients residing in alternative care facilities.

V. Enrollment and Disenrollment

A. Enrollment Process

Interested individuals customarily begin the enrollment process through the PACE provider, who explains the program and does preliminary screening. Age, frailty and residence in the service area are verified. A preliminary home visit is made to explain how the program works and services that are available. If the individual wants to pursue enrollment, a visit is made to the Adult Day Health Center to assure the client's understanding regarding PACE. All clients who enter the program must meet the nursing home level of care criteria, as certified by the State Agency's Peer Review Organization. He or she must be approved for PACE by the multidisciplinary team to assure appropriateness for the program. An Enrollment Agreement must be signed by the participant or family representative or guardian if the client is unable to act in his or her own behalf. Since clients seeking coverage through Medicaid must be Medicaid-eligible or meet eligibility requirements, outreach staff assists those who are not Medicaid eligible with applications through the County Department of Social Services or Single

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Supervisor Trenton NEW



Attachment Page 2 to State Plan Enclosure 7, page 7

Entry Point Agency. Clients who are already Medicaid eligible need not apply for eligibility.

B. Enrollee Information

Once enrolled, the individual is provided the following:

- A copy of the enrollment agreement;
- The Participant Handbook, which includes complete information regarding PACE, as well as the Participant's Bill of Rights;
- A membership card;
- Self-adhesive informational emergency stickers that can be posted in the individual's home, explaining how to access emergency care;
- The Medicaid card is printed with the name of the provider;
- A copy of the plan of care;
- A list of the provider's employees who provide care and a current list of contracted providers.

C. Disenrollment Process

Voluntary Disenrollment

A participant may voluntarily disenroll for any cause at any time; however, 30 days notice are required in order to reinstate the individual in the Medicare and Medicaid fee-for-service systems. The participant and/or family or other representatives will meet with social work to discuss the reason for the disenrollment and explain the procedure. If the reason is dissatisfaction, a grievance form will be completed and resolution attempted prior to the disenrollment. A copy will be provided internal quality management and the state Medicaid agency. Information will be provided the disenrolling participant to assure services can be readily accessed in the fee-for-service systems.

Involuntary Disenrollment

A participant may be disenrolled if she/he:

1. Moves outside the provider's service area;
2. Becomes ineligible for Medicaid and is unable or unwilling to pay TLC privately;
3. Fails to pay or make satisfactory arrangements to pay any amount due the provider, after a 30-day grace period;
4. Is outside the provider's service area for more than 30 days without prior arrangements;
5. Is enrolled in a program that loses its contracts and/or licenses;
6. Engages in disruptive or threatening behavior that jeopardizes the health or safety of him/herself or others, or, when a participant with decision-making ability refuses to comply with the plan of care or terms of the PACE agreement;
7. Is determined to no longer meet the nursing home level of care requirements;

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Attachment Page 3 to State Plan Enclosure 7, page 7

8. Is enrolled in a program whose program agreement with HCFA or the state agency is terminated.

Participants may not be involuntarily disenrolled due to behavioral issues unless one verbal and one written warning have been issued and the state agency approves such disenrollment. Participant rights must be protected at all times.

VII. Medical and remedial services provided to categorically needy clients who qualify for PACE are as follows:

Each PACE benefit package must include all Medicaid covered services as listed in the State Plan, and other services determined necessary by the multidisciplinary team to meet the participant's needs. At a minimum, the PACE organization must provide the following:

- Multidisciplinary assessment and treatment planning;
- Primary care services, including nursing and physician care;
- Social work services
- Restorative therapies, including physical, occupational and speech-language;
- Personal care and supportive services;
- Nutritional counseling;
- Recreational therapy;
- Transportation;
- Meals;
- Medical specialty services, including, but not limited to: anesthesiology, audiology, cardiology, dentistry, dermatology, gastroenterology, gynecology, internal medicine, nephrology, neurosurgery, oncology, ophthalmology, oral surgery, orthopedic surgery, otorhinolaryngology, pharmacy consulting services, podiatry, psychiatry, pulmonary disease, radiology, reconstructive surgery, rheumatology, surgery, thoracic and vascular surgery, and urology;
- Laboratory tests, x-rays and other diagnostic procedures;
- Drugs and biologicals;
- Prosthetics and durable medical equipment, corrective vision devices such as eyeglasses and lenses, hearing aids, dentures and repairs and maintenance for these items;
- Acute inpatient care; ambulance; emergency room care and treatment room services; semi-private room and board; general medical and nursing services; medical surgical/intensive care/coronary care unit, as necessary; laboratory tests, x-rays and other diagnostic procedures; drugs and biologicals; blood and blood derivatives; surgical care, including the use of anesthesia; use of oxygen, physical, occupational, and respiratory therapies; speech-language pathology; and social services;
- Nursing facility care; semi-private room and board; physician and skilled nursing services; custodial care; personal care and assistance; drugs and biologicals; physical, occupational and recreational therapies and speech-language pathology, if necessary; social services; and medical supplies and appliances.

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